

Audiology Services (age 21 and over)

Definition: Audiology Services are included in the ID/RD Waiver as an extension to the audiology services included in the State plan. In the State Plan, specified audiology services are only available to Medicaid beneficiaries who are under age 21. The ID/RD Waiver removes the age restriction, making the same audiology services available to those who are over age 21 and enrolled in the ID/RD Waiver. This service will not duplicate any services available to adults in the State Plan.

Note: For evaluations, one unit equals one evaluation and one evaluation every twelve (12) months can be provided.

Providers: Providers of Audiology Services must be licensed and enrolled with the South Carolina Department of Health and Human Services (SCDHHS). Providers of Audiology/Hearing Aids Services must be enrolled with the South Carolina Department of Health and Environmental Control, Division of Children and Youth with Special Health Care Needs (DHEC/CYSHCN).

Arranging for and Authorizing Services: Once it is determined that a hearing evaluation or re-evaluation is needed, the Waiver Case Manager (WCM) must update the plan to reflect the specific concerns and recommendation for the evaluation. The listing of enrolled providers must be shared with the participant or his/her family and assistance provided as needed in selecting a provider. This offering of choice must be documented.

The need for the evaluation or reevaluation must be sent to the SCDDSN Waiver Administration Division for review. Hearing evaluations and/or re-evaluations do not require an authorization from the WCM. Once approved by the Waiver Administration Division, the evaluation or reevaluation can be authorized by use of the participant's Medicaid Card. The participant must present their Medicaid Card to the audiologist. This directs the provider to bill Medicaid (SCDHHS) for the evaluation or re-evaluation.

Hearing Aids: Hearing aids can be provided when the participant is likely to comply with the recommended use of the hearing aid (i.e. he/she will wear it consistently), the need is established through an audiology evaluation, and there is a physician's statement completed within the past six months indicating that the use of a hearing aid is recommended. Upon receiving a copy of the evaluation, if the participant needs a hearing aid or aids, the following must be completed prior to authorizing this service.

NOTE: The cost cannot exceed \$800.00/aid unless justification is provided from the audiologist and is approved by DHEC/CYSHCN.

The WCM must complete the following steps:

Confirm the chosen Audiologist is licensed and enrolled with the South Carolina Department of Health and Human Services (SCDHHS). Providers of Audiology/Hearing Aids Services must be enrolled with the DHEC/CYSHCN.

- Send a plan change request for hearing aid/s to the SCDDSN Waiver Administration Division. Note on the plan change request that this service is direct billed.
- Assist the family as needed in obtaining a statement from the physician indicating that the use of a hearing aid is recommended. This is called "Medical Clearance." Medical Clearance cannot be given more than six (6) months prior to requesting the hearing aid. The ***Audiology Medical Clearance (ID/RD Form M)*** should be used or a statement from the physician will suffice, but it must state that the use of a hearing aid is recommended by the Physician.

- Obtain a signed ***Audiology Assignment of Benefits (ID/RD Form Z)*** from the participant/legal guardian allowing DHEC to bill for services.
- Forward ***ID/RD Form Z, ID/RD Form M***, and the electronic authorization to DHEC/CYSHCN (cyshcn-hearing@dhec.sc.gov). The electronic authorization must include whether the device/supplies are for the right or left ear in the comments section of the authorization. The name and contact information of the Audiologist and Case Manager should also be included in the comments section of the electronic referral.
- Receive a copy of the DHEC/CYSHCN authorization for services.
- Once the WCM receives the authorization for services from DHEC/CYSHCN, forward the electronic authorization to the chosen audiologist.

Ear Molds, Hearing Aid Repair, Tubing, Hearing Aid Accessories, and/or Batteries: Upon receiving a copy of the evaluation, if the participant needs ear molds, hearing aid repair, or batteries for their hearing aid (or if the participant requests batteries or repair), the following must be completed prior to sending the authorization to the Audiologist.

The WCM must complete the following steps:

- Confirm the chosen Audiologist is licensed and enrolled with the South Carolina Department of Health and Human Services (SCDHHS). Providers of Audiology/Hearing Aids Services must be enrolled with the DHEC/CYSHCN.
- Send a plan change request for Ear Molds, Hearing Aid Repair, and/or Batteries needs to the SCDDSN Waiver Administration Division. Note on the plan change request that this service is direct billed.
- Obtain a signed ***Audiology Assignment of Benefits (ID/RD Form Z)*** from the participant/legal guardian allowing DHEC to bill for services.
- Forward ***ID/RD Form Z, ID/RD Form M***, and the electronic authorization to DHEC/CYSHCN (cyshcn-hearing@dhec.sc.gov). The electronic authorization must include whether the device/supplies are for the right or left ear in the comments section of the authorization. The name and contact information of the Audiologist and Case Manager should also be included in the comments section of the electronic referral.
- Receive a copy of the DHEC/CRS authorization for services.
- Once the WCM receives the authorization for services from DHEC/CYSHCN, forward the electronic authorization to the chosen audiologist.

In addition to evaluation and re-evaluation and hearing aids, molds, repairs, tubing, hearing aid accessories and batteries, all of the services that are available to children through the State Plan can be covered through the waiver (provider direct bills Medicaid). See the Hearing Program Fee Schedule for the associated fees.

(<http://www.scdhec.gov/Health/ChildTeenHealth/ServicesforChildrenwithSpecialHealthCareNeeds/HearingProgram/>)

NOTE: The cost for hearing aid repair cannot exceed \$250.00/aid. The cost of the molds cannot exceed \$77.00/mold. The cost of batteries varies depending on the size of the package. The cost used for batteries should be based on the price quote from the provider of choice.

Audiology services must be direct billed to SCDHHS. The Audiologist will contact the Waiver Case Manager for any follow-up appointments needed. The Waiver Case Manager must obtain all results from any of the above services that are utilized by the participant.

Monitoring the Services: The Waiver Case Manager must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in

units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some items to consider during monitoring includes:

- If hearing aides are provided, how are they working? Is the participant having difficulty using them or caring for them?
- Have the hearing aides improved their hearing?
- Do the ear molds fit comfortably?
- If a repair is made, is it complete and satisfactory for the participant?
- Was the provider of service professional and helpful?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the participant or his/her legal guardian **including the details** regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s).

NOTE: See Chapter 9 for specific details and procedures regarding written notification and the appeals process.